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4 San Francisco, CA 94105-2708  
5 Telephone: (415) 882-5000  
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7 BRETT A. CRAWFORD  
8 SONNENSCHN NATH & ROSENTHAL LLP  
9 1301 K Street, N.W.  
10 Suite 600, East Tower  
11 Washington, DC 20005-3364  
12 Telephone: (202) 408-6400  
13 Facsimile: (202) 408-6399

14 Attorneys for Respondents  
15 MASCO CORPORATION and ENERGYSSENSE, INC.

**DOCKET**  
**08-CRI-1**

DATE	MAR 25 2009
RECD.	MAR 27 2009

16 **STATE OF CALIFORNIA**  
17 **ENERGY RESOURCES CONSERVATION**  
18 **AND DEVELOPMENT COMMISSION**

19 CALIFORNIA LIVING & ENERGY (a  
20 division of William Lilly & Associates, Inc.)  
21 and DUCT TESTERS, INC.,

Docket Number 08-CRI-01

22 Complainants,

**Affidavit of Sharon A. Werner**

23 vs.

24 MASCO CORPORATION and  
25 ENERGYSSENSE, INC.,  
26 Respondents.

27 Being first duly sworn under oath, Sharon A. Werner deposes and states as  
28 follows:

1. I am a corporate paralegal in the legal department of Masco Corporation  
("Masco"), a position I have held since June 2002. I have personal knowledge of all facts  
set forth below. In my capacity as a corporate paralegal, I am responsible for the  
preparation and filing of legal documents associated with the ownership, structure and

1 operating authority of Masco and its subsidiaries. I am also familiar with legal  
2 agreements executed between Masco and its subsidiaries and legal agreements executed  
3 between Masco subsidiaries.

4 2. Masco Corporation, a Delaware corporation, is a publicly-held holding  
5 company that owns more than 200 subsidiary companies throughout the world. Attached  
6 as Exhibit 1 are true and correct copies of the Annual Reports filed electronically with the  
7 Delaware Secretary of State for the years 2006, 2007 and 2008.

8 3. EnergySense, Inc., a Delaware corporation, is a wholly-owned subsidiary  
9 of Masco Corporation which Masco formed in August 2006. A true and correct copy of  
10 EnergySense's August 11, 2006 Certificate of Incorporation is attached hereto as Exhibit  
11 2. EnergySense became qualified to do business in California on October 25, 2006. A  
12 true and correct copy of EnergySense's Certificate of Qualification from the State of  
13 California Secretary of State is attached hereto as Exhibit 3. Attached as Exhibit 4 are  
14 true and correct copies of the Annual Reports filed electronically with the Delaware  
15 Secretary of State on behalf of EnergySense, Inc. for the years 2006, 2007 and 2008.

16 4. Masco Home Services, Inc., a Delaware corporation, is a wholly-owned  
17 subsidiary of Masco Corporation. Attached as Exhibit 5 are true and correct copies of the  
18 Annual Reports filed electronically with the Delaware Secretary of State on behalf of  
19 Masco Home Services, Inc. for the years 2007 and 2008.

20 5. Coast Insulation Contractors, Inc., a California corporation, is an indirect  
21 wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 6 are true and  
22 correct copies of the Annual Reports filed electronically with the California Secretary of  
23 State on behalf of Coast Insulation Contractors, Inc. for the years 2006, 2007 and 2008.

24 6. Sacramento Insulation Contractors, a California corporation, is an indirect  
25 wholly-owned subsidiary of Masco Corporation. Attached as Exhibit 7 are true and  
26 correct copies of the Annual Reports filed electronically with the California Secretary of  
27 State on behalf of Sacramento Insulation Contractors for the years 2006 (confirmation of  
28 electronic filing only), 2007 and 2008.



1           7.       Masco Contractor Services of California, Inc., f/k/a Schmid Insulation  
2 Contractors, Inc., a California corporation, is an indirect wholly-owned subsidiary of  
3 Masco Corporation. Attached as Exhibit 8 are true and correct copies of the Annual  
4 Reports filed electronically with the California Secretary of State on behalf of Masco  
5 Contractor Services of California, Inc. for the years 2006, 2007 and 2008.

6           8.       Western Insulation, L.P. is a California limited partnership, of which  
7 Western Insulation Holdings, LLC is the managing general partner, both of which are  
8 wholly-owned by Builder Services Group, Inc., an indirect wholly-owned subsidiary of  
9 Masco Corporation. The State of California Secretary of State's office has no annual  
10 report filing requirements for California limited partnerships.

11           9.       Williams Consolidated I, Ltd. is a Texas limited partnership, of which  
12 Builder Services Group, Inc. is the managing general partner, both of which are wholly-  
13 owned by Builder Services Group, Inc., an indirect wholly-owned subsidiary of Masco  
14 Corporation. The State of Texas has periodical filing of Annual Reports which are filed  
15 every four or five years, when an entity is notified by the state. Attached as Exhibit 9 is a  
16 true and correct copy of the most recent Annual Report filed electronically with the Texas  
17 Secretary of State on behalf of Williams Consolidated I, Ltd. for 2005.

18           10.      In 2003, Williams Consolidated I, Ltd., a Texas limited partnership  
19 ("Williams"), acquired the assets of Energy Sense Systems, Inc. Williams conducts  
20 business under the assumed names of "Energy Sense" and "Energy Sense Systems"  
21 exclusively in Texas. Williams does not conduct business in California. True and correct  
22 copies of legal documents filed by Williams showing its Texas organization and  
23 registration of "Energy Sense" and "Energy Sense Systems" as assumed name are  
24 attached hereto as Exhibit 10.

25           11.      To the best of my knowledge, EnergySense has not entered into any  
26 contracts with Masco Corporation.

27           12.      Through its effective position as the sole shareholder or managing general  
28 partner of EnergySense, Inc., Coast Insulation Contractors, Inc, Western Insulation, L.P.,

1 Masco Contractor Services of California, Inc. and Sacramento Insulation Contractors,  
2 Masco Corporation exercises its right to participate in the selection of officers and  
3 directors, and the appointment of members of the governing boards, for those entities.  
4 Masco exercises high-level oversight over the governance and performance of those  
5 entities, commensurate with the size of each entity.

6 13. The extent to which the officers, directors and general manager of  
7 EnergySense, Inc. also occupy such positions with Coast Insulation Contractors, Inc.,  
8 Western Insulation, L.P., Masco Contractor Services of California, Inc. and Sacramento  
9 Insulation Contractors, whose work may be field verified and diagnostically tested by  
10 EnergySense, Inc. for Title 24 compliance purposes is set forth on the chart attached  
11 hereto as Exhibit 11. None of the officers or directors of EnergySense, Inc. are  
12 employees of EnergySense, Inc.

13 I swear or affirm, under penalty of perjury under the laws of the State of the  
14 California, that all facts set forth herein are true and correct.

15 FURTHER AFFLIANT SAYETH NOT.

16 Executed this 25<sup>th</sup> day of March, 2009.

17 

18 Sharon A. Werner

19 State of Michigan ))

20 County of Wayne )

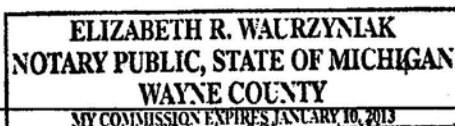
21 On March 25, 2009 before me, Elizabeth R. Waurzyniak, Notary Public, personally appeared Sharon A.  
22 Werner, who provided to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
23 subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
24 his/her/their authorized capacity/ies, and that by his/her/their signature(s) on the instrument the person(s), or  
the entity upon behalf of which the person(s) executed the instrument.

25 I certify under PENALTY OF PERJURY under the laws of the State of Michigan that the foregoing is true  
and correct.

26 WITNESS my hand and official seal.

27  (Seal)

28 Notary Public



# **EXHIBIT 1**

[Print this page](#)**Annual Report - Acknowledgment Copy****File Number:** 0585027**Corporation Name:** MASCO  
CORPORATION**Tax Year:** 2006**Federal Employer ID:** 381794485**Incorporation Date:** 06/15/1962**Renewal/Revocation  
Date:****Phone Number:** 3137926338**Dates of Inactivity:**      **From Date:**      **To Date:**      **From Date:**      **To Date:****Agent Number:** 9000010**Agent Name:** THE CORPORATION TRUST COMPANY**Address:** CORPORATION TRUST CENTER  
1209 ORANGE STREET**City:** WILMINGTON**State:** DE**Postal Code:** 19801**Franchise Tax:** \$ 165,000.00**\$ 100.00 Penalty:** \$ .00**1.5% Monthly Interest:** \$ .00**Annual Filing Fee:** \$ 25.00**Previous Credit/Balance:** \$ 165,025.00CR**Prepaid Quarterly  
Payments:** \$ .00**Amount Due:** \$ .00**Assets for Regulated Investment Corporations:****Jan. 1st:****Dec.31st:**

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share	No. of Shares Issued	Total Gross Assets	Asset Date
06/08/2001		PREFERRED	1,000,000	1.000000			
		COMMON	1,400,000,000	1.000000			
		<b>Total</b>					

**Nature of Business:** Manufacturing**Principal Place of Business  
Outside of Delaware:** 21001 Van Born Road, Taylor, MI 48180**Director Information - 10 Director(s) in your list**

**Director - 1****Director Name:** Richard A. Manoogian**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 2****Director Name:** Verne G. Istock**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 3****Director Name:** Mary Ann VanLokeren**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 4****Director Name:** Thomas G. Denomme**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 5****Director Name:** Peter A. Dow**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 6****Director Name:** Anthony F. Earley, Jr.**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 7****Director Name:** David L. Johnston**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/07

---

**Director - 8****Director Name:** J. Michael Losh**Address 1:** 21001 Van Born Road

City: Taylor  
Postal Code: 48180

State: MI  
Expiration Date: 12/15/07

---

**Director - 9**

Director Name: Dennis W. Archer  
Address 1: 21001 Van Born Road  
City: Taylor  
Postal Code: 48180

State: MI  
Expiration Date: 12/15/07

---

**Director - 10**

Director Name: Lisa A. Payne  
Address 1: 21001 Van Born Road  
City: Taylor  
Postal Code: 48180

State: MI  
Expiration Date: 12/15/07

---

**Officer Information - 2 Officer(s) in your list****Officer - 1**

Officer Name: Alan Barry  
Address 1: 21001 Van Born Road  
City: Taylor  
Postal Code: 48180

State: MI  
Expiration Date: 12/15/07

---

**Officer - 2**

Officer Name: John G. Sznewajs  
Address 1: 21001 Van Born Road  
City: Taylor  
Postal Code: 48180

State: MI  
Expiration Date: 12/15/07

---

Authorized By (Officer/Director/Incorporator): John G. Sznewajs  
Title: Treasurer  
Date: 02/15/2007

---

**Payment Information**

Amount Paid: \$ .00      Payment Method: Franchise Tax Credit  
Filing Date & Time : 02/15/2007 10:24 AM EST

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**Filer Information**

Login ID :

 **Go Back**

[Back](#) [Print](#)

## Annual Report - Acknowledgement Copy

File Number: 0585027  
 Submission Date and Time: 02/12/2008 08:35 AM EST  
 Corporation Name: MASCO CORPORATION  
 Federal Employer ID: 381794485  
 Incorporation Date: 06/15/1962

**E-FILED**

Agent Number: 9000010  
 Agent Name: THE CORPORATION TRUST COMPANY  
 Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET  
 City: WILMINGTON  
 State: DE  
 Zip Code: 19801

Franchise Tax: \$ 165,000.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous Credit/Balance: \$ 165,025.00 CR  
 Prepaid Quarterly Payments: \$ 0.00  
 Amount Due: \$ 0.00

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share	No. of Shares Issued	Total Gross Assets	Asset Date (MM/DD/YYYY)
06/08/2001		PREFERRED	1,000,000	1.000000			
		COMMON	1,400,000,000	1.000000			
					<b>Total</b>		

End Date of Fiscal Year: 12/31/2007

Dates of Inactivity:  
 From Date: To Date:

## Principal Place of Business

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address

<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES	313 - 274 - 7400	
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## Officer Information

Full Name of Officer	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Timothy Wadhams	President	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Director Information

Total Number of Directors: 11

Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Richard A. Manoogian	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Verne G. Istock	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Mary Ann Van Lokeren	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Thomas G. Denomme	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Peter A. Dow	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Anthony F. Earley, Jr.	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
David L. Johnston	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
J. Michael Losh	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Dennis W. Archer	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Lisa A. Payne	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Timothy Wadhams	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

**NOTICE:** Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/11/2008	John G. Sznewajs	Treasurer	<input type="checkbox"/>	21001 Van Born	Taylor	MI	48180	UNITED STATES



				Road				
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## Payment Information

Amount Paid: \$ .00

Filing Date & Time : 02/12/2008 08:35 AM  
EST

[Back](#) [Print](#)

## Annual Report - Acknowledgement Copy

File Number: 0585027  
 Submission Date and Time: 02/16/2009 11:46 AM EST  
 Corporation Name: MASCO CORPORATION  
 Federal Employer ID: 381794485  
 Incorporation Date: 06/15/1962

**E-FILED**

Agent Number: 9000010  
 Agent Name: THE CORPORATION TRUST COMPANY  
 Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET  
 City: WILMINGTON  
 State: DE  
 Zip Code: 19801

Franchise Tax: \$ 165,000.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous Credit/Balance: \$ 165,025.00 CR  
 Prepaid Quarterly Payments: \$ 0.00  
 Amount Due: \$ 0.00

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share	No. of Shares Issued	Total Gross Assets	Asset Date (MM/DD/YYYY)
06/08/2001		PREFERRED	1,000,000	1.000000			
		COMMON	1,400,000,000	1.000000			
					<b>Total</b>		

End Date of Fiscal Year: 12/31/2008

Dates of Inactivity:  
 From Date: To Date:

## Principal Place of Business

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address

<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES	313 - 274 - 7400	
-------------------------------------	---------------------	--------	----	-------	---------------	------------------	--

## Officer Information

Full Name of Officer	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Timothy Wadhams	President	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Director Information

Total Number of Directors: 10

Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Richard A. Manoogian	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Verne G. Istock	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Mary Ann Van Lokeren	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Thomas G. Denomme	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Anthony F. Earley Jr.	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
David L. Johnston	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
J. Michael Losh	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Dennis W. Archer	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Lisa A. Payne	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Timothy Wadhams	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

**NOTICE:** Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/16/2009	John G. Sznewajs	Treasurer	<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Payment Information

Amount Paid: \$ .00

Filing Date & Time : 02/16/2009 11:46 AM  
EST

# **EXHIBIT 2**

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "ENERGYSENSE, INC.", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF AUGUST, A.D. 2006, AT 11:20 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



4203934 8100

060753800

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4968557

DATE: 08-11-06

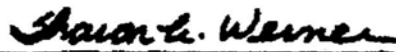
**CERTIFICATE OF INCORPORATION**

**OF**

**ENERGYSENSE, INC.**

1. The name of the corporation is: EnergySense, Inc.
2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.
3. The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.
4. The total number of shares of stock that the corporation shall have authority to issue is One Thousand (1,000) and the par value of each of such shares is One Dollar (\$1.00) amounting in the aggregate to One Thousand Dollars (\$1,000).
5. The name and mailing address of the incorporator is as follows:  
  
Sharon A. Werner  
Masco Corporation  
21001 Van Bora Road  
Taylor, Michigan 48180
6. The corporation is to have perpetual existence.
7. The board of directors is authorized to make, alter, or repeal the Bylaws of the corporation. Election of directors need not be by ballot.

I, THE UNDERSIGNED, being the incorporator of the above-named corporation, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this Certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true and accordingly have hereunto set my hand this 10th day of August 2006.

  
Sharon A. Werner

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:30 AM 08/11/2006  
FILED 11:20 AM 08/11/2006  
SRV 060753800 - 4203934 FILE

# **EXHIBIT 3**





**State of California**  
**Secretary of State**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 26 2006

A handwritten signature in cursive script, reading "Bruce McPherson".

BRUCE McPHERSON  
Secretary of State

2965298

**State of California**  
**Secretary of State**

**CERTIFICATE OF QUALIFICATION**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify that on the 25th day of October, 2006, **ENERGYSENSE, INC.**, a corporation organized and existing under the laws of **DELAWARE**, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day  
of October 26, 2006.



**BRUCE McPHERSON**  
Secretary of State

2965298

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

OCT 25 2006

**STATEMENT AND DESIGNATION  
BY FOREIGN CORPORATION**

EnergySense, Inc.

(Name of Corporation)

\_\_\_\_\_, a corporation organized and existing under the  
laws of Delaware \_\_\_\_\_, makes the following statements and designation:  
(State or Place of Incorporation)

1. The address of its principal executive office is 2339 Beville Road, Daytona Beach, FL 32119
2. The address of its principal office in the State of California is \_\_\_\_\_

**DESIGNATION OF AGENT FOR SERVICE OF PROCESS IN THE STATE OF CALIFORNIA**  
(Complete either Item 3 or Item 4.)

3. (Use this paragraph if the process agent is a natural person.)  
\_\_\_\_\_, a natural person residing in the State of  
California, whose complete address is \_\_\_\_\_

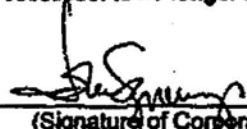
\_\_\_\_\_, is designated as agent upon whom process directed to  
this corporation may be served within the State of California, in the manner provided by law.

4. (Use this paragraph if the process agent is a corporation.)

CT Corporation System \_\_\_\_\_, a corporation organized and existing  
under the laws of Delaware \_\_\_\_\_, is designated as agent upon whom process directed  
to this corporation may be served within the State of California, in the manner provided by law.

**NOTE: Corporate agents must have complied with California Corporations Code Section 1505  
prior to designation.**

5. It irrevocably consents to service of process directed to it upon the agent designated above, and to service  
of process on the Secretary of State of the State of California if the agent so designated or the agent's  
successor is no longer authorized to act or cannot be found at the address given.

  
(Signature of Corporate Officer)

John G. Szewajski - Vice President

(Typed Name and Title of Officer Signing)



# **EXHIBIT 4**

[Print this page](#)**Annual Report - Acknowledgment Copy**

File Number: 4203934

Corporation Name: ENERGYSSENSE, INC.

Tax Year: 2006

Federal Employer ID: 208185501

Incorporation Date: 08/11/2006

Renewal/Revocation  
Date:

Phone Number:

Dates of Inactivity:	From Date:	To Date:	From Date:	To Date:
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**E-FILED**

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER  
1209 ORANGE STREET

City: WILMINGTON

State: DE

Postal Code: 19801

Franchise Tax: \$ 35.00

\$ 100.00 Penalty: \$ .00

1.5% Monthly Interest: \$ .00

Annual Filing Fee: \$ 25.00

Previous Credit/Balance: \$ .00

Prepaid Quarterly  
Payments: \$ .00

Amount Due: \$ 60.00

**Assets for Regulated Investment Corporations:**

Jan. 1st:

Dec.31st:

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share	No. of Shares Issued	Total Gross Assets	Asset Date
08/11/2006		COMMON	1,000	1.000000			
				<b>Total</b>			

Nature of Business: Testing of energy standards

Principal Place of Business  
Outside of Delaware: 2339 Beville Road, Daytona Beach, FL 32119**Director Information - 3 Director(s) in your list****Director - 1**

**Director Name:** John G. Szniewajs**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/2007

---

**Director - 2****Director Name:** Eugene A. Gargaro, Jr.**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/2007

---

**Director - 3****Director Name:** John R. Leekley**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/2007

---

**Officer Information - 2 Officer(s) in your list****Officer - 1****Officer Name:** Dave Bell**Address 1:** 2339 Beville Road**City:** Daytona Beach**State:** FL**Postal Code:** 32119**Expiration Date:** 12/15/2007

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**Officer - 2****Officer Name:** Jerry W. Mollien**Address 1:** 21001 Van Born Road**City:** Taylor**State:** MI**Postal Code:** 48180**Expiration Date:** 12/15/2007

---

**Authorized By (Officer/Director/Incorporator):** Jerry W. Mollien**Title:** Vice-President**Date:** 02/06/2007

---

**Payment Information****Amount Paid:** \$ 60.00**Payment Method:** Credit Card**Filing Date & Time :** 02/06/2007 01:40 PM EST

---

**Credit Card Information:****Card Type:** VISA**Card Number:** \*\*\*\*\*2879**Expiration Date:** 05/2008**Reference Number:** 020607133907383**Name:** Denise Lorincz**Address 1:** 21001 Van Born Road**Address 2:**

[Back](#)[Print](#)**Annual Report - Acknowledgement Copy**

File Number: 4203934

Submission Date and Time: 08/11/2006 02:48 PM EST

Corporation Name: **DELECORP INC**

Federal Employer ID: 208185501

Incorporation Date: 08/11/2006

**E-FILED**

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$ 35.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous Credit/Balance: \$ 0.00  
 Prepaid Quarterly Payments: \$ 0.00  
 Amount Due: \$ **0.00**


Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share
08/11/2006		COMMON	1,000	1.000000

**Principal Place of Business**

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address
<input checked="" type="checkbox"/>	2339 Beville Road	Daytona Beach	FL	32119	UNITED STATES	313 - 274 - 7400	




**Officer Information**

Full Name of	Non-US	State or	Zip or Postal

Officer	Title	Address	Street Address	City	Province	Code	Country
Dave Bell	President		2339 Beville Road	Daytona Beach	FL	32119	UNITED STATES

## Director Information

Total Number of Directors: 3


Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Eugene A. Gargaro, Jr.		21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John R. Leekley		21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John G. Sznawajs		21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/05/2008	Jerry W. Mollien	Vice-President		21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Payment Information

Amount Paid: \$ 60.00

Filing Date & Time : 02/05/2008 02:48 PM EST

Payment Method: Credit Card

### Credit Card Information:

Card Type: VISA

Card Number: \*\*\*\*\*2879

Expiration Date: 05/2008

Reference Number: 020508144610104

Name: Denise Lorincz

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES



[Back](#) [Print](#)

## Annual Report - Acknowledgement Copy

File Number: 4203934

Submission Date and Time: 02/03/2009 02:02 PM EST

Corporation Name: ENERGYSSENSE, INC.

Federal Employer ID: 208185501

Incorporation Date: 08/11/2006

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE


Zip Code: 19801

Franchise Tax: \$ 75.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous Credit/Balance: \$ 0.00  
 Prepaid Quarterly Payments: \$ 0.00  
 Amount Due: \$ 100.00

**E-FILED**

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share
08/11/2006		COMMON	1,000	1.000000

## Principal Place of Business

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address
	2339 Beville Road	Daytona Beach	FL	32119	UNITED STATES	313 - 274 - 7400	

## Officer Information

Full Name of	Non-US	State or	Zip or Postal

Officer	Title	Address	Street Address	City	Province	Code	Country
David R. Bell	President	<input type="checkbox"/>	2339 Beville Road	Daytona Beach	FL	32119	UNITED STATES

## Director Information

Total Number of  
Directors: 3

Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Jerry W. Mollien	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Barry J. Silverman	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John G. Sznewajs	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/03/2009	Jerry W. Mollien	Vice President	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Payment Information

Amount Paid: \$ 100.00

Filing Date & Time : 02/03/2009 02:02 PM  
EST

Payment Method: Credit Card

### Credit Card Information:

Card Type: VISA

Card Number: \*\*\*\*\*2853

Expiration Date: 05/2011

Reference Number: 020309140255082

Name: Lisa Drain

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES

# **EXHIBIT 5**

[Back](#) [Print](#)

## Annual Report - Acknowledgement Copy

File Number: 4465832

Submission Date and Time: 02/07/2008 08:14 AM EST

**E-FILED**

Corporation Name: MASCO HOME SERVICES, INC.

Federal Employer ID: 261498259

Incorporation Date: 11/30/2007

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$ 35.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous Credit/Balance: \$ 0.00  
 Prepaid Quarterly Payments: \$ 0.00  
 Amount Due: \$ 60.00

Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share
11/30/2007		COMMON	1,000	1.000000

## Principal Place of Business

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address
<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES	313 - 274 - 7400	

## Officer Information

						Zip or	
--	--	--	--	--	--	--------	--

Full Name of Officer	Title	Non-US Address	Street Address	City	State or Province	Postal Code	Country
Karen Mendelsohn	President	<input type="checkbox"/>	55 East 111th. Street	Indianapolis	IN	46280	UNITED STATES

## Director Information

Total Number of Directors: 3

Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Eugene A. Gargaro, Jr.	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John R. Leekley	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John G. Sznawajs	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

**NOTICE:** Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/07/2008	John G. Sznawajs	Director	<input type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Payment Information

Amount Paid: \$ 60.00

Filing Date & Time : 02/07/2008 08:14 AM EST

Payment Method: Credit Card

### Credit Card Information:

Card Type: VISA

Card Number: \*\*\*\*\*2879

Expiration Date: 05/2008

Reference Number: 020708081228553

Name: Denise Lorincz

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES

[Back](#) [Print](#)

## Annual Report - Acknowledgement Copy

File Number: 4465832

Submission Date  
and Time: 02/03/2009 02:17 PM EST

Corporation Name: MASCO HOME SERVICES, INC.

Federal Employer  
ID: 261498259

Incorporation Date: 11/30/2007

Agent Number: 9000010

Agent Name: THE CORPORATION TRUST COMPANY

Street Address: CORPORATION TRUST CENTER 1209 ORANGE STREET

City: WILMINGTON

State: DE

Zip Code: 19801

Franchise Tax: \$ 75.00  
 \$ 100.00 Penalty: \$ 0.00  
 1.5% Monthly  
Interest: \$ 0.00  
 Annual Filing Fee: \$ 25.00  
 Previous  
Credit/Balance: \$ 0.00  
 Prepaid Quarterly  
Payments: \$ 0.00  
 Amount Due: \$ 100.00

**E-FILED**


Begin Date	End Date	Designation/ Stock Class	No. of Shares	Par Value/ Share
11/30/2007		COMMON	1,000	1.000000

## Principal Place of Business

Non-US Address	Street Address (Do not use P.O. Box)	City	State or Province	Zip or Postal Code	Country	Phone Number - Extension	E-mail Address
<input checked="" type="checkbox"/>	21001 Van Born Road	Taylor	MI	48180	UNITED STATES	313 - 274 - 7400	




## Officer Information

Full Name of	Non-US	State or	Zip or Postal
--------------	--------	----------	------------------

Officer	Title	Address	Street Address	City	Province	Code	Country
Karen Mendelsohn	President		55 East 111th Street	Indianapolis	IN	46280	UNITED STATES

## Director Information

Total Number of  
Directors: 3


Full Name of Directors	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Jerry W. Mollien		21001 Van Born Road	Taylor	MI	48180	UNITED STATES
Barry J. Silverman		21001 Van Born Road	Taylor	MI	48180	UNITED STATES
John G. Sznewajs		21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Authorization

### Terms & Conditions:

NOTICE: Pursuant to 8 Del. C. § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions ☒

Date	Authorized By (Full Name of Officer/Director/Incorporator)	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
02/03/2009	Jerry W. Mollien	Vice President		21001 Van Born Road	Taylor	MI	48180	UNITED STATES

## Payment Information

Amount Paid: \$ 100.00

Filing Date & Time : 02/03/2009 02:17 PM  
EST

Payment Method: Credit Card

### Credit Card Information:

Card Type: VISA

Card Number: \*\*\*\*\*2853

Expiration Date: 05/2011

Reference Number: 020309141737193

Name: Lisa Drain

Address 1: 21001 Van Born Road

Address 2:

City: Taylor

State: MI

Postal Code: 48180

Country: UNITED STATES

# **EXHIBIT 6**





# State of California

Secretary of State

**E-FILED**

## Statement of Information Accepted for Filing

**(1) C1542005 - COAST INSULATION CONTRACTORS, INC. \$25.00**

[Proceed to Checkout](#)



# State of California

## Secretary of State

### STATEMENT OF INFORMATION

(Domestic Stock Corporation)

**IMPORTANT** - Read instructions before completing this form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C1542005**

**COAST INSULATION CONTRACTORS, INC.**

**2339 BEVILLE RD**

**DAYTONA BEACH, FL 32119**

#### CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations.

- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and **proceed to Item 14.**

If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety.

#### 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

2339 Beville Road

CITY

Daytona Beach

STATE

FL

ZIP CODE

32119

COUNTRY

UNITED STATES

#### 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

CITY

STATE

CA

ZIP CODE

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

#### 4. CHIEF EXECUTIVE OFFICER

FIRST

James

MIDDLE

LAST

Brewer

ADDRESS

2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

**5. SECRETARY**

FIRST	MIDDLE	LAST
John	C.	Calkins

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**6. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
John	C.	Calkins

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

FIRST	MIDDLE	LAST
John	C.	Calkins

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

FIRST	MIDDLE	LAST
William	T.	Anderson

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

FIRST	MIDDLE	LAST

## ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
------	-------	----------	---------

			UNITED STATES	
Additional Directors				
<b>10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:</b> 0				
<b>11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS</b>				
<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA			
	AGENT'S FIRST	MIDDLE	LAST	
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.			
	NAME OF CORPORATE AGENT <a href="#">View List</a>			
	C T Corporation System			
<b>12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL</b>				
ADDRESS				
CITY		STATE	ZIP CODE	
	CA			
<b>13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION</b>				
Installation of insulation				
<b>14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.</b>				
FIRST	MIDDLE	LAST	TITLE	DATE
Renee		Benedict	Senior Tax Accou	9/13/2006
Continue Filing		Cancel S/ New Search		



# State of California

## Secretary of State

**E-FILED**

Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	A0DFFD82-AE0E-4615-B913-8D4EEDEBF806
Confirmation #:	060622
Charge Description	E-file Statement of Information for C1542005
Name:	DENISE LORINCZ
Address:	21001 VAN BORN ROAD
Address Line 2	
City/State/Zip:	TAYLOR, MI 48180
Phone:	313/792-6250
Email:	
Amount:	25
E-File Session:	792176
AVS Response:	Y
Date/Time:	9/13/2007 7:53:54 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)*Coast Insulation Contr.*



# State of California

## Secretary of State

### STATEMENT OF INFORMATION

(Domestic Stock Corporation)

**IMPORTANT** - Read instructions before completing this form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C1542005**

**COAST INSULATION CONTRACTORS, INC.**

**2339 BEVILLE ROAD**

**DAYTONA BEACH, FL 32119**

#### CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations.

- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and **proceed to Item 14.**

If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety.

#### 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

2339 Beville Road

CITY

Daytona Beach

STATE

FL

ZIP CODE

32119

COUNTRY

UNITED STATES

#### 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

CITY

STATE

CA

ZIP CODE

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

#### 4. CHIEF EXECUTIVE OFFICER

FIRST

James

MIDDLE

LAST

Brewer

ADDRESS

2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

**5. SECRETARY**

FIRST	MIDDLE	LAST
William	T.	Anderson

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**6. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
William	T.	Anderson

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**7.**

FIRST	MIDDLE	LAST
William	T.	Anderson

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**8.**

FIRST	MIDDLE	LAST
Jai		Shah

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**9.**

FIRST	MIDDLE	LAST

**ADDRESS**

CITY	STATE	ZIP CODE	COUNTRY
------	-------	----------	---------

			UNITED STATES	
Additional Directors				
<b>10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:</b> <input style="width: 50px;" type="text"/>				
<b>11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS</b>				
<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA  AGENT'S FIRST <input style="width: 100px;" type="text"/> MIDDLE <input style="width: 100px;" type="text"/> LAST <input style="width: 150px;" type="text"/>			
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.  NAME OF CORPORATE AGENT <a href="#">View List</a> <input style="width: 250px;" type="text" value="C T Corporation System"/>			
<b>12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL</b>				
ADDRESS <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>				
CITY <input style="width: 150px;" type="text"/>		STATE <input style="width: 50px;" type="text" value="CA"/>	ZIP CODE <input style="width: 100px;" type="text"/>	
<b>13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION</b>				
<input style="width: 250px;" type="text" value="Installation of insulation"/>				
<b>14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.</b>				
FIRST	MIDDLE	LAST	TITLE	DATE
<input style="width: 100px;" type="text" value="Renee"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="Benedict"/>	<input style="width: 100px;" type="text" value="Sr. Tax Accountan"/>	<input style="width: 100px;" type="text" value="9/13/2007"/>
Continue Filing		Cancel S/New Search		





# State of California E-FILED

## Secretary of State

### Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	7F8AC900-6EC1-4A7C-A65A-2419BC544D85
Confirmation #:	017242
Charge Description	E-file Statement of Information for C1542005
Name:	Denise Lorincz
Address:	21001 Van Born Road
Address Line 2	
City/State/Zip:	Taylor, MI 48180
Phone:	313-274-7400
Email:	
Amount:	25
E-File Session:	1055662
AVS Response:	Y
Date/Time:	9/16/2008 8:33:24 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)

Coast Ins. Contr.



# State of California

## Secretary of State

### STATEMENT OF INFORMATION (Domestic Stock Corporation)

Fees \$25.00.

**IMPORTANT** - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you may wish to print the completed pages for your records prior to submission. Copies of filed documents may be requested using our Business Entities Records Order form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C1542005**  
**COAST INSULATION CONTRACTORS, INC.**  
**2339 BEVILLE ROAD**  
**DAYTONA BEACH, FL 32119**

2. ☒ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and **proceed to Item**

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

#### 3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

#### 4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

CITY	STATE	ZIP CODE
	CA	

#### 5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3

IN CARE OF/ATTENTION:

c/o Tax Department

ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

**6. CHIEF EXECUTIVE OFFICER**

FIRST	MIDDLE	LAST
James		Brewer

**ADDRESS**

2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

**7. SECRETARY**

FIRST	MIDDLE	LAST
Brian	H.	Smith

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**8. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
Brian	H.	Smith

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**9.**

FIRST	MIDDLE	LAST
John		Anstett

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**10.**

FIRST	MIDDLE	LAST
Brian	H.	Smith

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**11.**

FIRST	MIDDLE	LAST

ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
			UNITED STATES

**Additional Directors****12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0****13. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS**

<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA AGENT'S FIRST MIDDLE LAST
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT <a href="#">View List</a> C T Corporation System

**14. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL**

ADDRESS

CITY	STATE	ZIP CODE
	CA	

**15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

Installation of insulation

**16. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

DATE	TITLE	FIRST	MIDDLE	LAST
9/16/2008	Supervisor-State &	Renee		Benedict

**Continue Filing****Cancel SI/New Search**

# **EXHIBIT 7**



# State of California

## Secretary of State

### Statement of Information Accepted for Filing

**(1) C0455372 - SACRAMENTO INSULATION CONTRACTORS \$25.00**

[Proceed to Checkout](#)



# State of California **E-FILED**

## Secretary of State

### Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	8895DF61-D5FC-4D23-9220-9304CB31CFFD
Confirmation #:	035669
Charge Description	E-file Statement of Information for C0455372
Name:	DENISE LORINCZ
Address:	21001 VAN BORN ROAD
Address Line 2	
City/State/Zip:	TAYLOR, MI 481801340
Phone:	313/274-7400
Email:	denise_lorincz@mascohq.com
Amount:	25
E-File Session:	510296
AVS Response:	Y
Date/Time:	8/2/2006 8:32:42 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)



## State of California

## Secretary of State

E-FILED

## Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	1CD93724-FC49-42DC-AA1C-845BB031FEC5
Confirmation #:	066201
Charge Description	E-file Statement of Information for C0455372
Name:	Denise Lorincz
Address:	21001 Van Born Road
Address Line 2	
City/State/Zip:	Taylor, MI 48180
Phone:	
Email:	
Amount:	25
E-File Session:	771859
AVS Response:	Y
Date/Time:	8/16/2007 6:27:33 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)*Sacramento Inc.*





# State of California

## Secretary of State

### STATEMENT OF INFORMATION

(Domestic Stock Corporation)

**IMPORTANT** - Read instructions before completing this form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C0455372**  
**SACRAMENTO INSULATION CONTRACTORS**  
**2339 BEVILLE ROAD**  
**DAYTONA BEACH, FL 32119**

#### CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations.

- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and **proceed to Item 14.**

If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety.

#### 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

2339 Beville Road

CITY

Daytona Beach

STATE

FL

ZIP CODE

32119

COUNTRY

UNITED STATES

#### 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

CITY

STATE

CA

ZIP CODE

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

#### 4. CHIEF EXECUTIVE OFFICER

FIRST

James

MIDDLE

LAST

Brewer

ADDRESS

2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

**5. SECRETARY**

FIRST	MIDDLE	LAST
William	T.	Anderson

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**6. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
William	T.	Anderson

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**7.**

FIRST	MIDDLE	LAST
William	T.	Anderson

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**8.**

FIRST	MIDDLE	LAST
Jai		Shah

## ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**9.**

FIRST	MIDDLE	LAST

## ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
------	-------	----------	---------

			UNITED STATES	
Additional Directors				
<b>10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:</b> <span style="border: 1px solid black; padding: 0 20px;"> </span>				
<b>11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS</b>				
<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA			
	AGENT'S FIRST	MIDDLE	LAST	
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.			
	NAME OF CORPORATE AGENT <a href="#">View List</a>			
	C T Corporation System			
<b>12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL</b>				
ADDRESS				
CITY		STATE	ZIP CODE	
	CA			
<b>13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION</b>				
Installation of insulation				
<b>14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.</b>				
FIRST	MIDDLE	LAST	TITLE	DATE
John		Anstett	Vice-President	8/16/2007
Continue Filing		Cancel SI/New Search		



# State of California

**E-FILED**

## Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	1EA27CEA-EF6D-417C-ADB3-D27B587ADFC1
Confirmation #:	006132
Charge Description	E-file Statement of Information for C0455372
Name:	DENISE LORINCZ
Address:	21001 VAN BORN ROAD
Address Line 2	
City/State/Zip:	TAYLOR, MI 48180
Phone:	313-274-7400
Email:	
Amount:	25
E-File Session:	1027194
AVS Response:	Y
Date/Time:	8/7/2008 8:06:09 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)



# State of California

## Secretary of State

### STATEMENT OF INFORMATION (Domestic Stock Corporation)

Fees \$25.00.

**IMPORTANT** - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you may wish to print the completed pages for your records prior to submission. Copies of filed documents may be requested using our Business Entities Records Order form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C0455372**  
**SACRAMENTO INSULATION CONTRACTORS**  
**2339 BEVILLE ROAD**  
**DAYTONA BEACH, FL 32119**

2. ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and **proceed to Item**

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

#### 3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

2339 BEVILLE ROAD

CITY	STATE	ZIP CODE	COUNTRY
DAYTONA BEACH	FL	32119	UNITED STATES

#### 4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

CITY	STATE	ZIP CODE
	CA	

#### 5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3

IN CARE OF/ATTENTION:

C/O TAX DEPARTMENT

ADDRESS

21001 VAN BORN ROAD

CITY	STATE	ZIP CODE	COUNTRY
TAYLOR	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

**6. CHIEF EXECUTIVE OFFICER**

FIRST	MIDDLE	LAST
JAMES		BREWER

ADDRESS  
2339 BEVILLE ROAD

CITY	STATE	ZIP CODE	COUNTRY
DAYTONA BEACH	FL	32119	UNITED STATES

**7. SECRETARY**

FIRST	MIDDLE	LAST
BRIAN	H.	SMITH

ADDRESS  
21001 VAN BORN ROAD

CITY	STATE	ZIP CODE	COUNTRY
TAYLOR	MI	48180	UNITED STATES

**8. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
BRIAN	H.	SMITH

ADDRESS  
21001 VAN BORN ROAD

CITY	STATE	ZIP CODE	COUNTRY
TAYLOR	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**9.**

FIRST	MIDDLE	LAST
JOHN		ANSTETT

ADDRESS  
21001 VAN BORN ROAD

CITY	STATE	ZIP CODE	COUNTRY
TAYLOR	MI	48180	UNITED STATES

**10.**

FIRST	MIDDLE	LAST
BRIAN	H.	SMITH

ADDRESS  
21001 VAN BORN ROAD

CITY	STATE	ZIP CODE	COUNTRY
TAYLOR	MI	48180	UNITED STATES

**11.**

FIRST	MIDDLE	LAST

ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
			UNITED STATES

**Additional Directors****12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:** 0**13. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS**

<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA AGENT'S FIRST MIDDLE LAST
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. NAME OF CORPORATE AGENT <a href="#">View List</a> C T CORPORATION SYSTEM

**14. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL**

ADDRESS

CITY	STATE	ZIP CODE
	CA	

**15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

INSTALLATION OF INSULATION

**16. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

DATE	TITLE	FIRST	MIDDLE	LAST
8/7/2008	VICE-PRESIDENT	JOHN		ANSTETT

**Continue Filing****Cancel SI/New Search**

# **EXHIBIT 8**





# State of California

## Secretary of State

**E-FILED**

### Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	8FFA6584-119F-4938-AA35-1A86FD5E56A3
Confirmation #:	051414
Charge Description	E-file Statement of Information for C0451985
Name:	Denise Lorincz
Address:	21001 Van Born Road
Address Line 2	
City/State/Zip:	Taylor, MI 48180
Phone:	313/274-7400
Email:	denise_lorincz@mascohq.com
Amount:	25
E-File Session:	476287
AVS Response:	Y
Date/Time:	6/8/2006 11:30:01 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)



# State of California

## Secretary of State

### Statement of Information Accepted for Filing

**(1) C0451985 - SCHMID INSULATION CONTRACTORS, INC. \$25.00**

Proceed to Checkout



# State of California

## Secretary of State

### STATEMENT OF INFORMATION

(Domestic Stock Corporation)

**IMPORTANT - Read instructions before completing this form.**

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C0451985**

**SCHMID INSULATION CONTRACTORS, INC.**

**TAX DEPT**

**21001 VAN BORN RD**

**TAYLOR, MI 48180**

#### CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations.

- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and **proceed to Item 14.**

If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety.

#### 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

c/o Tax Department

21001 Van Born Road

CITY

Taylor

STATE

MI

ZIP CODE

48180

COUNTRY

UNITED STATES

#### 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

#### 4. CHIEF EXECUTIVE OFFICER

FIRST

James

MIDDLE

LAST

Brewer

ADDRESS

13000 Kirkham Way  
Suite 203  
CITY STATE ZIP CODE COUNTRY  
Poway CA 92064 UNITED STATES

**5. SECRETARY**

FIRST MIDDLE LAST  
John C. Calkins

**ADDRESS**

21001 Van Born Road

CITY STATE ZIP CODE COUNTRY  
Taylor MI 48180 UNITED STATES

**6. CHIEF FINANCIAL OFFICER**

FIRST MIDDLE LAST  
John C. Calkins

**ADDRESS**

21001 Van Born Road

CITY STATE ZIP CODE COUNTRY  
Taylor MI 48180 UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**7.**  
FIRST MIDDLE LAST  
John C. Calkins

**ADDRESS**

21001 Van Born Road

CITY STATE ZIP CODE COUNTRY  
Taylor MI 48180 UNITED STATES

**8.**  
FIRST MIDDLE LAST  
William T. Anderson

**ADDRESS**

21001 Van Born Road

CITY STATE ZIP CODE COUNTRY  
Taylor MI 48180 UNITED STATES

**9.**  
FIRST MIDDLE LAST

**ADDRESS**

CITY	STATE	ZIP CODE	COUNTRY	
			UNITED STATES	
Additional Directors				
10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0				
11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS				
<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA			
	AGENT'S FIRST	MIDDLE	LAST	
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.			
	NAME OF CORPORATE AGENT <a href="#">View List</a>			
	C T Corporation System			
12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL				
ADDRESS				
CITY	STATE	ZIP CODE		
	CA			
13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION				
Installation of insulation				
14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.				
FIRST	MIDDLE	LAST	TITLE	DATE
John		Anstett	Vice-President	6/8/2006
Continue Filing		Cancel SI/New Search		



## State of California

## Secretary of State

E-FILED

## Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	AA68EB0E-3503-4F16-94B9-272750EDA07A
Confirmation #:	044144
Charge Description	E-file Statement of Information for C0451985
Name:	Denise Lorincz
Address:	21001 Van Born Road
Address Line 2	
City/State/Zip:	Taylor, MI 48180
Phone:	
Email:	
Amount:	25
E-File Session:	718643
AVS Response:	Y
Date/Time:	5/31/2007 7:59:47 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)*Schmid Insulation*



# State of California

## Secretary of State

### STATEMENT OF INFORMATION

(Domestic Stock Corporation)

**IMPORTANT** - Read instructions before completing this form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C0451985**  
**SCHMID INSULATION CONTRACTORS, INC.**  
**C/O TAX DEPARTMENT**  
**21001 VAN BORN ROAD**  
**TAYLOR, MI 48180**

#### **CALIFORNIA CORPORATE DISCLOSURE ACT** (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI PT) annually, within 150 days after the end of its fiscal year. Please see instructions for additional information regarding publicly traded corporations.

- ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and **proceed to Item 14.**

If there have been any changes to the information, or no Statement of Information has been previously filed, the form must be completed in its entirety.

#### 2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

COUNTRY

UNITED STATES



#### 3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

#### 4. CHIEF EXECUTIVE OFFICER

FIRST

James

MIDDLE

LAST

Brewer

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

COUNTRY

UNITED STATES

**5. SECRETARY**

FIRST

William

MIDDLE

T.

LAST

Anderson

ADDRESS

21001 Van Born Road

CITY

Taylor

STATE

MI

ZIP CODE

48180

COUNTRY

UNITED STATES

**6. CHIEF FINANCIAL OFFICER**

FIRST

William

MIDDLE

T.

LAST

Anderson

ADDRESS

21001 Van Born Road

CITY

Taylor

STATE

MI

ZIP CODE

48180

COUNTRY

UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**7.**

FIRST

William

MIDDLE

T.

LAST

Anderson

ADDRESS

21001 Van Born Road

CITY

Taylor

STATE

MI

ZIP CODE

48180

COUNTRY

UNITED STATES

**8.**

FIRST

Jai

MIDDLE

LAST

Shah

ADDRESS

21001 Van Born Road

CITY

Taylor

STATE

MI

ZIP CODE

48180

COUNTRY

UNITED STATES

**9.**

FIRST

MIDDLE

LAST

ADDRESS



CITY	STATE	ZIP CODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	UNITED STATES <input checked="" type="checkbox"/>	
<b>Additional Directors</b>				
<b>10. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:</b> <input type="text" value="0"/>				
<b>11. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS</b>				
<input type="checkbox"/>	AN INDIVIDUAL RESIDING IN CALIFORNIA			
	AGENT'S FIRST	MIDDLE	LAST	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input checked="" type="checkbox"/>	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.			
	NAME OF CORPORATE AGENT <a href="#">View List</a>			
	<input type="text" value="C T Corporation System"/>			
<b>12. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL</b>				
ADDRESS				
<input type="text"/>				
<input type="text"/>				
CITY	STATE	ZIP CODE		
<input type="text"/>	CA	<input type="text"/>		
<b>13. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION</b>				
<input type="text" value="Installation of insulation"/>				
<b>14. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.</b>				
FIRST	MIDDLE	LAST	TITLE	DATE
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Anstett"/>	<input type="text" value="Vice-President"/>	<input type="text" value="5/31/2007"/>
<input type="button" value="Continue Filing"/>		<input type="button" value="Cancel SI/New Search"/>		



# State of California **E-FILED**

## Secretary of State

Confirmation of Receipt of Document / Receipt for Payment

Transaction ID:	328EB2F4-3A23-48FD-A5E9-2F999DC79A96
Confirmation #:	097617
Charge Description	E-file Statement of Information for C0451985
Name:	Masco Contractor Services of California, Inc. Denise Lorincz
Address:	21001 Van Born Road
Address Line 2	
City/State/Zip:	Taylor, MI 48180
Phone:	313-274-7400
Email:	
Amount:	25
E-File Session:	977565
AVS Response:	Y
Date/Time:	6/10/2008 11:59:02 AM

NOTE: Confirmation of receipt does not constitute an approved/accepted filing.

[Return to Main Page](#)



# State of California

## Secretary of State

### STATEMENT OF INFORMATION (Domestic Stock Corporation)

Fees \$25.00.

**IMPORTANT** - Read instructions before completing this SI-200-NC form.

Copies of e-filed statements are not provided at the time of filing. Therefore, you may wish to print the completed pages for your records prior to submission. Copies of filed documents may be requested using our Business Entities Records Order form.

#### 1. CORPORATION NUMBER, NAME AND ADDRESS OF RECORD

**C0451985**  
**MASCO CONTRACTOR SERVICES OF CALIFORNIA, INC.**  
**13000 KIRKHAM WAY, SUITE 203**  
**POWAY, CA 92064**

2. ☒ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and **proceed to Item**

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

#### 3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE (DO NOT USE PO BOX)

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

COUNTRY

UNITED STATES

#### 4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY (DO NOT USE PO BOX)

ADDRESS

13000 Kirkham Way, Suite 203

CITY

Poway

STATE

CA

ZIP CODE

92064

#### 5. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3 IN CARE OF/ATTENTION:

c/o Tax Department

ADDRESS

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF THE OFFICERS (The corporation must have these three officers.)

**6. CHIEF EXECUTIVE OFFICER**

FIRST	MIDDLE	LAST
James	A.	Hazelwood

ADDRESS  
2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

**7. SECRETARY**

FIRST	MIDDLE	LAST
Eugene	A.	Gargaro, Jr.

ADDRESS  
21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**8. CHIEF FINANCIAL OFFICER**

FIRST	MIDDLE	LAST
Ronald	L.	Kline

ADDRESS  
2339 Beville Road

CITY	STATE	ZIP CODE	COUNTRY
Daytona Beach	FL	32119	UNITED STATES

LIST THE NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director.)

**9.**

FIRST	MIDDLE	LAST
Eugene	A.	Gargaro, Jr.

ADDRESS  
21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**10.**

FIRST	MIDDLE	LAST
John	R.	Leekley

ADDRESS  
21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**11.**

FIRST	MIDDLE	LAST
John	G.	Sznewajs

**ADDRESS**

21001 Van Born Road

CITY	STATE	ZIP CODE	COUNTRY
Taylor	MI	48180	UNITED STATES

**Additional Directors****12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:** 0**13. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS**

AN INDIVIDUAL RESIDING IN CALIFORNIA

AGENT'S FIRST	MIDDLE	LAST



A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

NAME OF CORPORATE AGENT [View List](#)  
C T Corporation System**14. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL****ADDRESS**

CITY	STATE	ZIP CODE
	CA	

**15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION**

Installation of insulation

**16. ENTER THE NAME AND TITLE OF THE PERSON COMPLETING THIS STATEMENT. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

DATE	TITLE	FIRST	MIDDLE	LAST
6/10/2008	Vice-President	Jerry	W.	Mollien

**Continue Filing****Cancel SI/New Search**

# **EXHIBIT 9**



## Office of the Secretary of State

July 27, 2005

C T Corporation System  
WILLIAMS CONSOLIDATED I, LTD.  
350 North St. Paul St.  
Dallas, TX 75201

RE: WILLIAMS CONSOLIDATED I, LTD.  
File Number: 11750010

-----  
This is to advise you that the above referenced limited partnership's report required by section 13.05, Texas Revised Limited Partnership Act, has been filed in this office. This letter may be used as evidence of the filing and payment of the fee.

Sincerely,

Corporations Section  
Statutory Filings Division  
(512) 463-5555

Enclosure



Office of the Secretary of State  
PERIODIC REPORT - LIMITED PARTNERSHIP

Filing Number: 11750010

Page 1 of 1

Filing Fee: \$50.00

1. The limited partnership name is:  
**WILLIAMS CONSOLIDATED I, LTD.**
2. It is organized under the laws of : (set forth state or foreign country)  
**Texas**
3. The name of the registered agent is:  
**C T Corporation System**  
(Make changes here):
4. The business address of the registered agent and the registered office address is:  
**350 North St. Paul St.,  
Dallas, TX 75201**  
(Make changes here-use street or building address; see Instructions):
5. The address of the principal office in the United States where the records are to be kept or made available under Article 6132a, Section 1.07 of the Texas Revised Limited Partnership Act is:  
~~1201 SPYGLASS STE 105~~ c/o Tax Department  
~~AUSTIN, TX 78746~~ 21001 Van Born Road  
Taylor, MI 48180-1340  
(Make changes here):

6. The names and addresses of all general partners of the limited partnership are:  
(If additional space is needed, include the information as an attachment to this form.)

<u>Name</u>	<u>Address</u>	<u>City/ State/Zip</u>
<del>WILLIAMS</del>	<del>1201 SPYGLASS STE 105</del>	<del>AUSTIN, TX 78746</del>
<del>CONSOLIDATED, INC.</del>		

Masco Contractor Services Central, Inc. 2339 Beville Road, Daytona Beach, FL 32119  
Williams Consolidated Delaware, LLC 2339 Beville Road, Daytona Beach, FL 32119

**Execution:**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 7/19/05

Masco Contractor Services Central, Inc.  
Signed on behalf of the limited partnership

[Signature]  
By (general partner) Vice-President



# **EXHIBIT 10**



## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

WILLIAMS CONSOLIDATED I, LTD.  
Filing Number: 11750010

Certificate of Assumed Business Name

August 29, 2003

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2003.



A handwritten signature in black ink, appearing to read "G. Connor".

Geoffrey S. Connor  
Secretary of State

OFFICE OF  
BEVERLY B. KAUFMAN  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

09/12/03 400070329  
Assumed Name

1010049  
\$10.00

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for

ENERGY SENSE

under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

WILLIAMS CONSOLIDATED I, LTD.

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as SEPTEMBER 12, 2003 through SEPTEMBER 12, 2013.

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

Beverly B. Kaufman  
County Clerk, Harris County

  
KATHRYN J. KAY

Deputy



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
In the Office of the  
Secretary of State of Texas

AUG 29 2003  
Corporations Section

## ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is

Williams Consolidated I, Ltd.

2. The assumed name under which the business or professional service is or is to be conducted or rendered is

Energy Sense

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is Texas and the

address of its registered or similar office in that jurisdiction is

c/o CT Corporation System, 350 N. St. Paul Street, Dallas, Texas 75201

4. The period, not to exceed 10 years, during which the assumed name will be used is

10 years.

5. The entity is a (check one):

A.

- |   |   |
|---|---|
| <input type="checkbox"/> Business Corporation                     | <input type="checkbox"/> Non-Profit Corporation         |
| <input type="checkbox"/> Professional Corporation                 | <input type="checkbox"/> Professional Association       |
| <input type="checkbox"/> Limited Liability Company                | <input checked="" type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Registered Limited Liability Partnership |   |

B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)

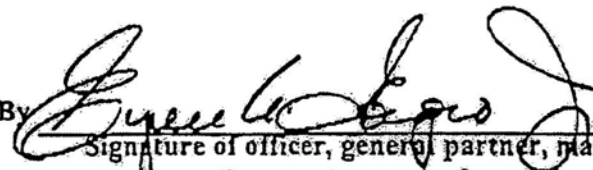
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 350 N. St. Paul Street, Dallas, Texas 75201

and the name of its registered agent

at such address is CT Corporation System

The address of the principal office (if not the same as the registered office) is

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is \_\_\_\_\_
- \_\_\_\_\_
- and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is \_\_\_\_\_
- \_\_\_\_\_
- and the office address elsewhere is \_\_\_\_\_
8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")
- All \_\_\_\_\_
9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

By  \_\_\_\_\_  
Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

#### NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

STATE OF ~~Texas~~ MichiganCOUNTY OF WayneBefore me on this 4th day of August 2003, personally appearedEugene A. Gargaro, Jr. and acknowledged to me that            he/she

executed the foregoing certificate for the purposes therein expressed.

My Commission Expires:

Sharon L. Werner  
Notary Public, State of ~~Texas~~

SHARON A. WERNER  
Notary Public - Michigan  
Washtenaw County  
Acting in Wayne County  
My Commission Expires Aug. 9, 2007



## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

WILLIAMS CONSOLIDATED I, LTD.  
Filing Number: 11750010

Certificate of Assumed Business Name

August 29, 2003



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2003.



A handwritten signature in black ink, appearing to read "G. Connor".

Geoffrey S. Connor  
Secretary of State



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697

FILED  
In the Office of the  
Secretary of State of Texas  
AUG 29 2003  
Corporations Section

## ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

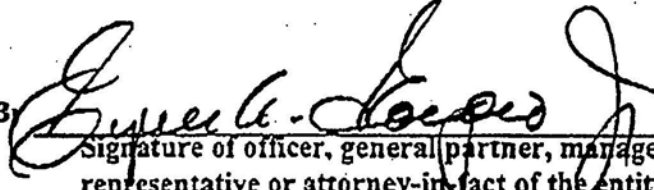
1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application for certificate of authority or comparable document is  
Williams Consolidated I, Ltd.
2. The assumed name under which the business or professional service is or is to be conducted or rendered is  
Energy Sense Systems
3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is Texas and the address of its registered or similar office in that jurisdiction is  
c/o CT Corporation System, 350 N. St. Paul Street, Dallas, Texas 75201
4. The period, not to exceed 10 years, during which the assumed name will be used is  
10 years.
5. The entity is a (check one):  
A.
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Limited Partnership
<input type="checkbox"/> Registered Limited Liability Partnership	

B. If the entity is some other type business, professional or other association that is incorporated, please specify below (e.g., bank, savings and loan association, etc.)
6. If the entity is required to maintain a registered office in Texas, the address of the registered office is 350 N. St. Paul Street, Dallas, Texas 75201 and the name of its registered agent  
CT Corporation System  
at such address is CT Corporation System  
The address of the principal office (if not the same as the registered office) is



7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is \_\_\_\_\_  
\_\_\_\_\_  
and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is \_\_\_\_\_  
\_\_\_\_\_  
and the office address elsewhere is \_\_\_\_\_  
\_\_\_\_\_
8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "ALL" or "ALL EXCEPT")  
All \_\_\_\_\_  
\_\_\_\_\_
9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document.

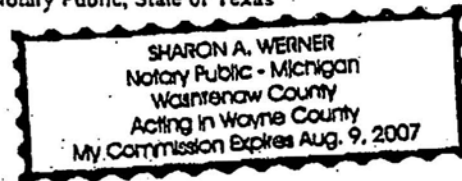
By   
Signature of officer, general partner, manager,  
representative or attorney-in-fact of the entity

#### NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

STATE OF ~~TEXAS~~ MichiganCOUNTY OF WayneBefore me on this 4th day of August 2003, personally appearedEugene A. Gargaro, Jr. and acknowledged to me that            he/she

executed the foregoing certificate for the purposes therein expressed.

My Commission Expires:  
\_\_\_\_\_Sharon A. Werner  
Notary Public, State of Texas

# **EXHIBIT 11**

## Exhibit 11 - Matrix of Common Officers and Directors

The matrix below identifies the extent to which the officers, directors and general manager of EnergySense, Inc. also occupy such positions with Coast Insulation Contractors, Inc., Western Insulation, L.P., Masco Contractor Services of California, Inc. and Sacramento Insulation Contractors, whose work may be field verified and diagnostically tested by EnergySense, Inc. for Title 24 compliance purposes.

	EnergySense, Inc.	Coast Insulation Contractors, Inc.	Sacramento Insulation Contractors	Western Insulation, LP	Masco Contractor Services of CA, Inc.
David Bell	President				
Carolyn Christian	Assistant Secretary			Assistant Secretary	Assistant Secretary
Lawrence Leaman	Vice President			Vice President	Vice President
Jerry Mollien	Director; Vice President			Director; Vice President	Director; Vice President
Barry Silverman	Director; Vice President; Secretary			Director; Vice President; Secretary	Director; Vice President; Secretary
John Sznewajs	Director; Vice President; Treasurer			Director; Vice President; Treasurer	Director; Vice President; Treasurer
Jaime Padron	General Manager				

Note that, as a matter of corporate policy, Carolyn Christian, Lawrence Leaman, Jerry Mollien, Barry Silverman, and John Sznewajs occupy the same or similar positions in most of Masco Corporation's subsidiaries and are not involved in the daily operations of the entities listed above.